

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-037545

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 10Primary Registration District No. 3002Registrar's No. 244

FILED NOV 13 1962

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1 0047  
2 0040  
3 2  
4 0  
5 2  
6  
7 9  
8 2  
9 331X  
10  
11  
12 1-0  
13 2-0

USE BLACK INK  
ORTYPEWRITER RIBBON  
William W. Bradley M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

## 1. PLACE OF DEATH

a. COUNTY

Audrain

b. CITY (If outside corporate limits, give TOWNSHIP only)

Mexico

Length of stay in lb

5 Days

c. FULL NAME OF (If NOT in hospital, give location)

Audrain Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Audrain

Inside Limits

Yes ☒ No ☐

c. CITY

Farber

Reside on Farm

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

## 3. NAME OF DECEASED

(Type or print)

First

George

Middle

Henry

Last

Lane

4. DATE OF DEATH

Month

11

Day

1

Year

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

5-8-1875

## 9. AGE (last birthday)

87

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retd. Barber

## 10b. KIND OF BUSINESS OR INDUSTRY

Barber

## 11. BIRTHPLACE (City and state or country)

Unknown

## 12. CITIZEN OF WHAT COUNTRY

## 13a. FATHER'S NAME

Unknown

## 13b. MOTHER'S MAIDEN NAME

Unknown

## 14. NAME OF HUSBAND OR WIFE

Annie Lane

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

George Rinkle Laddonia, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral vascular Accident

## INTERVAL BETWEEN ONSET AND DEATH

23 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Generalized Atherosclerosis

DUE TO (c)

years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

malnutrition

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Oct. 25, 1962 to Nov. 1, 1962 and last saw her alive on Nov. 1, 1962

Death occurred at

1:00 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

William W. Bradley M.D.

## 22b. ADDRESS

Box 178, Farber, Mo.

## 22c. DATE SIGNED

Nov. 9, 1962

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

11-3-1962

## 23c. NAME OF CEMETERY OR CREMATORY

Wellsville Cemetery

## 23d. LOCATION (City, town, or county)

Wellsville, Mo.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Wilkey-Bienhoff Laddonia, Mo.

## 25. DATE RECD. BY LOCAL REG.

Nov 4-1962

## 26. REGISTRAR'S SIGNATURE

Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Clyde C. Wilkey*

Licensed Embalmer No.

*3820*

P. O. Address

*Perry, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.